

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER  01-18	2. STATE:  <b>ILLINOIS</b>
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE: July 1, 2001	

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☒ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT a. FFY 01 \$ 0 b. FFY 02 \$ 0
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Appendix to Attachment 3.1-A and B, Page 18 HCFA-PM-01- 01-02 Attach 3.1-A. Page 9, HCFA-PM-01- 01-02 Attach 3.1-B. Page 8, HCFA - PM-91-4 Attachment 3.1-A Pages 3a, 9 HCFA-PM-84-20 Attach 3.1-B Page 4 HCFA-PM-87-4 Attach 3.1-B Page 8	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Appendix to Attachment 3.1-A and B, Page 18 HCFA-PM-01- 01-02 Attach 3.1-A. Page 9, HCFA-PM-01- 01-02 Attach 3.1-B. Page 8, HCFA - PM-91-4 Attachment 3.1-A Pages 3a, 9 HCFA-PM-84-20 Attach 3.1-B Page 4 HCFA-PM-87-4 Attach 3.1-B Page 8

10. SUBJECT OF AMENDMENT: Religious Nonmedical Healthcare Institutions

11. GOVERNOR'S REVIEW (Check One)

- ☐ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☒ OTHER, AS SPECIFIED:  
Not submitted for review by prior approval.

12. SIGNATURE OF AGENCY OFFICIAL:	16. RETURN TO:  <b>ILLINOIS DEPARTMENT OF PUBLIC AID 201 SOUTH GRAND AVENUE, EAST SPRINGFIELD, IL. 62763-0001 ATTENTION: John Rupcich</b>
13. TYPED NAME: <b>Jackie Garner</b>	
14. TITLE: <b>DIRECTOR</b>	
15. DATE SUBMITTED	

**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED: 8/2/01	18. DATE APPROVED: 8/30/01
PLAN APPROVED - ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/01	20. SIGNATURE OF REGIONAL OFFICIAL: <i>Cheryl A. Harris</i>
21. TYPED NAME: Cheryl A. Harris	22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health
23. REMARKS:	

Appendix to  
Attachment 3.1-A  
Page 18

State Illinois

24. RESPIRATORY CARE SERVICES

01/01 Respiratory services or treatment which are required to correct or lessen health problems detected by a screening process as medically necessary must be provided to individuals under age 21.

24a. TRANSPORTATION

- Ambulance Service: Requires prior approval except in case of emergency, or transfer from one hospital to another hospital for admission or for clients who reside in long term care facilities.
- Medicar, service car, taxi, private auto: Requires prior approval except for clients who reside in long term care facilities.
- Other (bus, train, airplane, etc.): Requires prior approval.
- Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

24b. ~~SERVICES OF CHRISTIAN SCIENCE NURSE~~ RELIGIOUS NONMEDICAL HEALTHCARE INSTITUTIONS

10/91 ~~Christian Science nurse services~~ Religious nonmedical healthcare institutions are limited to individuals age birth through twenty when the service is medically necessary, and required to treat a condition identified as the result of screening or diagnosis.

24c. Reserved

24d. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

Preadmission screening is required.

Limits on services or treatments are not applicable to EPSDT (Health Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

TN# 01-18  
SUPERSEDES

APPROVAL DATE

SEP 30 2001

EFFECTIVE DATE July 1, 2001

TN# 01-04

Appendix to

## Attachment 3.1-B

Page 18

State Illinois

## 24. RESPIRATORY CARE SERVICES

01/01 Respiratory services or treatment which are required to correct or lessen health problems detected by a screening process as medically necessary must be provided to individuals under age 21.

## 24a. TRANSPORTATION

- Ambulance Service: Requires prior approval except in case of emergency, or transfer from one hospital to another hospital for admission or for clients who reside in long term care facilities.
- Medicar, service car, taxi, private auto: Requires prior approval except for clients who reside in long term care facilities.
- Other (bus, train, airplane, etc.): Requires prior approval.
- Limits on services or treatments are not applicable to EPSDT (Healthy Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

24b. ~~SERVICES OF CHRISTIAN SCIENCE NURSE~~ RELIGIOUS NONMEDICAL HEALTHCARE INSTITUTIONS

10/91 ~~Christian Science nurse services~~ Religious nonmedical healthcare institutions are limited to individuals age birth through twenty when the service is medically necessary, and required to treat a condition identified as the result of screening or diagnosis.

24c. Reserved

## 24d. SKILLED NURSING FACILITY SERVICES FOR PATIENTS UNDER 21 YEARS OF AGE

Preadmission screening is required.

Limits on services or treatments are not applicable to EPSDT (Health Kids) clients. All services or treatments which are medically necessary to correct or lessen health problems detected or suspected by the screening process must be provided to individuals under age 21.

TN# 01-18  
SUPERSEDES  
TN# 01-04

APPROVAL DATE Aug 29 2001EFFECTIVE DATE July 1, 2001

Revision: HCFA-PM-01-01-02  
July 2001

ATTACHMENT 3.1-A  
Page 9  
OMB No.: 0938

State/Territory: Illinois

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND  
REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

b. Services provided in Religious Nonmedical Health Care Institutions.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

c. Reserved

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations\*  
☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations\*  
☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations\*  
☒ Not provided.

\* Description provided on attachment

TN No. 01-18

Supersedes

TN No. 91-25

Approval Date

Effective Date July 1, 2001

Revision: HCFA-PM-01-01-02  
July 2001

ATTACHMENT 3.1-B  
Page 8  
OMB No.: 0938-

State/Territory: Illinois

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act.)

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

- a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

- b. Services provided in Religious Nonmedical Health Care Institutions.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

- c. Reserved

- d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

- e. Emergency hospital services.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

\* Description provided on attachment

TN No. 01-18

Supersedes

TN No. 91-25

Approval Date 06 30 2001

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Revision: HCFA - PM-91-4  
July 2001

(BPD)

ATTACHMENT 3.1-A  
Page 3a  
OMB No.: 0938-State/Territory: IllinoisAMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.

☒ Provided: ☐ No limitations ☒ With limitations\*☐ Not provided.

8. Private duty nursing services.

☐ Provided ☐ No limitations ☐ With limitations\*☒ Not provided.

\*Description provided on attachment.

TN No. 01-18

Superseded

TN No. 91-25

Approval Date

SEP 30 2001Effective Date: 071-01-01

State/Territory: ILLINOIS

AMOUNT, DURATION, AND SCOPE OF MEDICAL  
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

24. Any other medical care and any other type of remedial care recognized under State law, specified  
by the Secretary.

a. Transportation.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

b. Services of Christian Science nurses.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

c. Care and services provided in Christian Science sanatoria.

☒ Provided: ☒ No limitations ☐ With limitations\*

☐ Not provided.

d. Nursing facility services for patients under 21 years of age.

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

e. Emergency hospital services.

☒ Provided: ☒ No limitations ☐ With limitations\*

☐ Not provided.

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a  
qualified person under supervision of a registered nurse.

☐ Provided: ☐ No limitations ☐ With limitations\*

☒ Not provided.

\*Description provided on attachment

TN No. 01-18

Supersedes

Approval Date

Effective Date 07-01-01

TN No. 91-25

HCFA ID: 7986E

Revision: HCFA-PM-84-20 (BERC)  
JULY 2001

ATTACHMENT 3.1-B

Page 4

OMB No. 0938-0193

State/Territory: ILLINOIS

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): All - Specified in Item C of Attachment 2.2

## 8. Private duty nursing services.

☐ Provided: ☐ No limitations ☐ With limitations\*

## 9. Clinic services.

☒ Provided: ☐ No limitations ☒ With limitations\*

## 10. Dental services.

☒ Provided: ☐ No limitations ☒ With limitations\*

## 11. Physical therapy and related services.

## a. Physical therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*

## b. Occupational therapy.

☒ Provided: ☐ No limitations ☒ With limitations\*

## c. Services for individuals with speech, hearing, and language disorders provided by or under Supervision of a speech pathologist or audiologist.

☒ Provided: ☐ No limitations ☒ With limitations\*

## 4. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

## a. Prescribed drugs.

☒ Provided: ☐ No limitations ☒ With limitations\*

## b. Dentures.

☒ Provided: ☐ No limitations ☒ With limitations\*

\*Description provided on attachment.

TN No. 01-18

Supersedes

Approval Date

06 30 01Effective Date 07-01-01TN No. 91-2



HCFA ID: 0140P/0102A

Revisions: HCFA-PM-87-4 (BERC)  
JULY 2001

ATTACHMENT 3.1-B  
Page 8  
OMB No. 0938-0193

State/Territory: ILLINOIS

AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDED  
MEDICALLY NEEDY GROUP(S): ALL

22. Respiratory care services (in accordance with section 1902 (e)(9)(A) through (C) of the Act).

☒ Provided: ☐ No limitations ☒ With limitations\*

☐ Not provided.

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

- a. Transportation.

☒ Provided ☐ No limitations ☒ With limitations\*

- b. Services of Christian Science nurses.

☒ Provided ☐ No limitations ☒ With limitations\*

- c. Care and services provided in Christian Science sanatoria.

☒ Provided ☒ No limitations ☐ With limitations\*

- d. Skilled nursing facility services provided for patients under 21 years of age.

☒ Provided ☐ No limitations ☒ With limitations\*

- e. Emergency hospital services.

☒ Provided ☒ No limitations ☐ With limitations\*

- f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and furnished by a qualified person under supervision of a registered nurse.

☐ Provided ☐ No limitations ☐ With limitations\*

\*Description provided on attachment.

TN No. 01-18

Supersedes

TN No. 91-25

Approval Date

07-01-01

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